

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213538962

1.) CORPORATION NAME:

Cetera Financial Group, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1873597**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 N. SEPULVEDA BLVD.
SUITE 1200

CITY/ST/ZIP: EL SEGUNDO, CA 90245

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | MARK P SHELSON | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 400 1ST STREET SOUTH | | |
| | SUITE 300 | | |
| CITY/ST/ZIP/CO: | ST CLOUD, MN 56301 | | |

| | | | |
|-----------------|------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | VALERIE G BROWN | | |
| TITLE: | CEO | | |
| ADDRESS: | 200 N. SEPULVEDA BLVD. | | |
| | STE. 1200 | | |
| CITY/ST/ZIP/CO: | EL SEGUNDO, CA 90245 | | |

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | JON C FROJEN | | |
| TITLE: | CFO | | |
| ADDRESS: | 200 N. SEPULVEDA BLVD. | | |
| | STE. 1200 | | |
| CITY/ST/ZIP/CO: | EL SEGUNDO, CA 90245 | | |

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | NINA S MCKENNA | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 200 N. SEPULVEDA BLVD. | | |
| | STE. 1200 | | |
| CITY/ST/ZIP/CO: | EL SEGUNDO, CA 90245 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | GREG A OLSON | | |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 400 1ST STREET SOUTH | | |
| | SUITE 300 | | |
| CITY/ST/ZIP/CO: | ST CLOUD, MN 56301 | | |

| | |
|--|---|
| NAME: STEWART KP GROSS TITLE: DIRECTOR ADDRESS: 425 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10152 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DONALD B MARRON TITLE: DIRECTOR ADDRESS: 425 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10152 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ALICE D SCHROEDER TITLE: DIRECTOR ADDRESS: 425 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10152 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARK F VASSALLO TITLE: DIRECTOR ADDRESS: 425 LEXINGTON AVE CITY/ST/ZIP/CO: NEW YORK, NY 10152 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | |
| /s/ GREG A OLSON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | GREG A OLSON, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE |
| 8/21/2013 _____ DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | |